

**OFFICE of FAITH-BASED and COMMUNITY INITIATIVES**

Mitchell E. Daniels, Jr., *Governor* • Isaac E. Randolph, Jr., *Executive Director*

# GRANT APPLICATION INSTRUCTIONS



## Indiana Hardest Hit Fund – Structured Volunteer Activities Program

*With financial support from*



*In partnership with the* **Indiana Department of Workforce Development**

# THE GRANT APPLICATION

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Your application consists of the following components. Please make sure to complete each section or provide the requested information. An incomplete application will result in an automatic disqualification.

- I. Application Cover Sheet
- II. Narrative
- III. Budget
- IV. Performance Measures
- V. Documents
- VI. Terms and Conditions

## I. APPLICATION COVER SHEET.

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Complete the Application Cover Sheet (**EXHIBITA**).

## II. NARRATIVE.

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The narrative section of the application is your opportunity to convince reviewers that your project meets the selection criteria. Below are some general recommendations to help you present your project in a way the reviewers will find compelling and persuasive.

- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your proposed program description to fit each funding priority and special consideration articulated in the regulations or the *Notice*.
- **Be clear and succinct.** Reviewers are not interested in jargon, boilerplate, rhetoric, or exaggeration. They are interested in learning precisely what you intend to do, and how your project responds to the selection criteria presented below.
- **Avoid circular reasoning.** The problem you describe should not be defined as the lack of the solution you are proposing.
- **Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.
- **Don't make assumptions.** Even if you have received funding from the OFBCI in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms.
- **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.
- **Follow the instructions and discuss each criterion in the order they are presented in the instructions.** Use headings to differentiate narrative sections according to the criteria.

You may not exceed ten (10) double spaced pages in the Narrative. Please use TIMES NEW ROMAN font, size 12 point. You may **bold**, *italicize*, or underline words or phrases if you choose. **PLEASE ATTACH YOUR NARRATIVE TO EXHIBIT A (Application Cover Sheet).**

Reviewers will assess your application against the selection criteria. The bullets that follow the criteria are recommendations on how to best respond to the criteria. To best respond to the criteria, we suggest that you include a brief discussion of each bullet if it pertains to your application.

#### **A. Design Components.**

Each application must clearly describe a project that will effectively deploy IHHF participants to solve a significant community problem. Please refer to the Notice of Funding Availability for details about the selection criteria.

##### ***Program Design. (50%)***

In discussing how you will meet the criteria, please include your response to the following:

**Problem.** Describe the problem(s) you will be working on. Why did you choose this/these problem(s)? If necessary, please provide documentation of the extent/severity of the problem in the target community. Describe the target community. Why did you select this population to be served?

**Solution: IHHF Participant Roles and Responsibilities.** Why are you proposing to use IHHF participants to solve the identified problem? What will participants do?

**Training and Supervision.** Describe how the applicants will be screened, particularly if they are working with vulnerable populations.

Describe your plan for orienting participants, the community they are serving, their placement site, and to the service they will perform. Describe how you will ensure that training provided to participants will prepare participants to perform all the activities they will engage in during their enrollment in the program. Describe, as necessary, the ongoing professional development training and networking opportunities provided to participants throughout their service. What are the anticipated training topics and the timeline for participant training?

Describe your plan for supervising participants, and how it ensures that participants will receive adequate support and guidance throughout their participation. Who will supervise the participants? Describe how supervisors are selected and trained. Describe how your program provides training, oversight, and support to supervisors. Describe how you will verify and certify participant service hours.

**Outcome: Performance Measures.** What is the overall change you want to see by the end of the three-year grant cycle? How will you measure impact? How will you report on this on an annual basis? How did you determine your performance measure targets?

**Partnerships and Collaboration.** Who are your community stakeholders and partners? How are they involved in planning and implementing the proposed program?

**Sustainability.** Outline your plans for ensuring that the impact of your program in the community is sustainable beyond the presence of federal support. For example, you might describe how your community relationships will lead to community investment in the program's continued operation; how you will diversify your funding sources to include a wide range of stakeholders (such as state, local, and private sector funding); how your strategies for recruiting and supporting volunteers will sustain participant activities after your IHHF grant ends; or how the community will maintain your project once it is completed. Summarize will you continue to engage participants as community volunteers after their participation in the program.

### ***Organizational Capability (25%)***

**Organizational Background.** Identify the primary and secondary contacts for the grant application. Describe your organization's prior experience administering grants or other federal funds. Describe your organization's experience raising funds to support service activities and initiatives. Please list all sources of organizational funding in this section, and what percent the proposed project represents in your budget. If you have received support from the OFBCI during the last five years, please specify what type of support you received.

Include information explaining your organization's management structure and how the board of directors (if applicable), administrators, and staff members will be used to support your program.

**Staffing.** Who will staff the IHHF program and what is their specific role? What is their relevant experience? If positions are currently vacant, please describe the desired qualifications for each open position. What are your plans for: providing financial and programmatic orientation; training and technical assistance; and monitoring for compliance to your program and service sites?

**Multi-Site Selection and Supervision.** Identify your proposed service sites (if known). Describe your process for selecting operating and service sites and ensuring they have adequate programmatic and financial capabilities to succeed. How will your site selection process incorporate the following criteria: quality, innovation, sustainability, quality of leadership, past performance, community involvement? What, if any, are your current or previous programmatic and funding relationships with the sites?

**Special Circumstances.** In applying the organizational capability criteria to each proposal, reviewers may also take into account the following circumstances of individual organizations: The age of your organization and its rate of growth; and whether your organization serves a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of philanthropic and corporate resources.

**If you feel that any of the circumstances stated above have an impact on your organizational capability that has not already been discussed, please describe the circumstance and how it affects your organizational capacity.**

***Cost Effectiveness and Budget Adequacy (25%)***

**Cost Effectiveness and Budget Adequacy.** Discuss the adequacy of your budget to support your program design including how it is sufficient to support your program activities and desired outputs and outcomes.

### **III. BUDGET.**

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**A. Preparing Your Budget.**

Your proposed budget should be sufficient to allow you to perform the tasks described in your narrative. Reviewers will consider the information you provide in this section in their assessment of the Cost-Effectiveness and Budget Adequacy selection criterion.

Follow the detailed budget instructions below to prepare your budget. We recommend that you prepare your budget in the same order as indicated in the Budget Worksheet (**EXHIBIT B**).

As you prepare your budget:

- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Itemize each cost and present the basis for all calculations in the form of an equation.
- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

Please refer to the relevant OMB Circulars on allowable costs for further guidance. The OMB circulars are online at [www.whitehouse.gov/OMB/circulars](http://www.whitehouse.gov/OMB/circulars).

- A-21 - Cost Principles for Educational Institutions, 2 CFR 220
- A-87 - Cost Principles for State, Local, and Indian Tribal Governments, 2 CFR 225
- A-122 - Cost Principles for Non Profit Organizations, 2 CFR 230

Programs must comply with all applicable federal laws, regulations, and OMB circulars for grant management, allowable costs, and audits, including providing audits to the A-133 clearinghouse if expending over \$500,000 in federal funds, as required in OMB Circular A-133.

**Section I. Program Operating Costs.**

**Personnel Expenses.** Under “Position/Title Description,” list each staff position separately and provide salary and percentage of effort as percentage of FTE devoted to this

award. Each staff person's role listed in the budget must be described in the application narrative and each staff person mentioned in the narrative must be listed in the budget. Because the purpose of this grant is to enable and stimulate volunteer community service, do not include the value of direct community service performed by volunteers. However, you may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, or training of staff and IHMF participants.

**B. Personnel Fringe Benefits.** Under "Purpose/Description," identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If a fringe benefit amount is over 30%, please list separately. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item.

**Staff Travel.** Describe the purpose for which program staff will travel. Provide a calculation that includes itemized costs for transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. The standard mileage reimbursement should not exceed the state mileage rate of \$.40/mile. Only domestic travel is allowable.

**Participant Travel.** Describe the purpose for which participants will travel. Provide a calculation that includes itemized costs for transportation, lodging, per diem, and other related expenses for participants to travel outside their service location or between sites. Costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc., should be included in this budget category. The standard mileage reimbursement should not exceed the state mileage rate of \$.40/mile.

**Equipment.** Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of **\$5,000 or more per unit** (including accessories, attachments, and modifications). Any items that do not meet this definition should be entered in Supplies below.

**Supplies.** Include the amount of funds to purchase consumable supplies and materials, including equipment that does not fit the definition above. You must individually list any single item costing \$1,000 or more. An applicant's proposed equipment expenditures will be approved or denied on a request basis. Please do not request items such as digital cameras, LCD projectors, etc. Equipment purchases (within reason) of items such as safety equipment, shovels, rakes, etc. for the benefit of large-scale programs may be acceptable depending on the item(s) intended use. Certain equipment purchases for individuals with disabilities may be acceptable so long as it supports the participant in his/her service. However, these expenses will be approved on a request-by-request basis.

**Contractual and Consultant Services.** Include costs for consultants related to the project's operations, except training or evaluation consultants, who will be listed in the sections below. Payments to individuals for consultant services under this grant should not exceed \$750 per day (excluding costs for travel, supplies, etc.). The \$750 daily rate is a ceiling, and we anticipate budgeted daily rates at considerably lower levels. Indicate the daily rate, number of days, and total cost for consultants you are proposing to use and their contractual services. Daily rates over the maximum amount should be justified in the narrative.

**Staff Training.** Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the maximum daily rate limit of \$750.

**Participant Training.** Include the costs associated with participant training to support them in carrying out their service activities. You may also use this section to request funds to support professional development and networking activities. Expenditures for celebratory and recognition events are not acceptable. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the daily rate limit.

#### **Other Program Operating Costs**

Allowable costs in this budget category should include when applicable:

- Criminal history background checks for all IHHF participants.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Utilities, telephone, Internet and similar expenses that are specifically used for IHHF participants and personnel supported by this grant, and are not part of the organizations indirect cost/admin cost allocation pool. If such expenses are budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Multi-sites: Indicate the number of subgrants and the amount.

**Section II. Administrative/Indirect Costs.** Administrative costs are general or centralized expenses of the overall administration of an organization that receives IHHF program funds and do not include particular project costs. These costs may include administrative staff positions. The applicant may request 10% of the total regional allotment for administrative expenses, thereby reducing the allocation amounts for each county. Federally negotiated indirect cost rates do not apply to the IHHF grant program.



#### IV. PERFORMANCE MEASURES.

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Accountability of government funds is important. So too is the measurement of performance objectives in the form of outputs, and more importantly – outcomes. The OFBCI has tried to streamline the process of measuring (and reporting) the impact of the IHHF program on local communities.

The applicant will submit only those performance measurement worksheets (**EXHIBIT C**) that are applicable to their program design. The applicant may select outputs, outcomes, or both. If an output has a corresponding outcome, then the OFBCI recommends that the applicant select both the output and the outcome. The applicant should understand that it will be held responsible for meeting the selected performance metrics. **PLEASE ATTACH YOUR PERFORMANCE MEASUREMENT WORKSHEETS BEHIND THE NARRATIVE.**

If you select **DISASTER** or **FAMILY SUPPORT SERVICES** as a priority issue areas you intend to address, then you will need to create specific self-identified outputs and/or outcomes. This can be done on a blank sheet of paper and attached to the narrative. Please follow the standard logic that is set out in the worksheets in Exhibit C. *Disaster Services* are defined as measures relating to mitigation, preparation, response, and recovery. The OFBCI defines *Family Support Services* as those community-based services established to promote the well-being of children and families through efforts that: (1) increase parent confidence and competence in their parenting abilities; (2) encourage safe, stable, and supportive families who are connected to their communities; and, (3) enhance health, growth, and development of children and adults in the family unit.

There is no need for the applicant to develop data collection tools, etc. A *Performance Measurement Toolkit* will be included in the IHHF Structured Volunteer Activities Program Guidelines.

The OFBCI will collect performance measurement data on a semi-annual basis. However, the applicant will be expected to report the following information monthly:

- verified/certified participant service hours
- grant expenditures
- professional development training and networking opportunities for IHHF participants
- other miscellaneous results monthly



## V. DOCUMENTS.

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You must submit the following documents with your application.

- One (1) copy of your most recent audited financial statements. If an audit of your organization has not been completed in the past three (3) years, then please provide a written explanation. In the absence of an audit report, please provide a copy of your organization's balance sheet for the previous fiscal year.
- One (1) copy of your Internal Revenue Service (IRS) determination letter.
- One (1) copy of your Indiana Certificate of Incorporation.
- One (1) copy of your organization's by-laws.
- Letters of community support, particularly from those county volunteer centers – or county intermediaries – in your region.

**Please do not submit supplementary materials such as videos, brochures, photographs, or any other item not requested in these application instructions. The OFBCI will not review or return them.**

## VI. TERMS AND CONDITIONS.

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You must complete the Terms and Conditions (**EXHIBIT D**) and return it with your completed application.

## VII. APPLICATION AND SUBMISSION INFORMATION.

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### A. How to Apply.

Organizations that wish to apply must complete and submit the application by the date noted on page one of the *Notice*. Applications may be hand delivered, mailed, or couriered to the following address:

**Office of Faith-Based and Community Initiatives**  
ATTN: IHMF Structured Volunteer Activities Grant Program  
302 West Washington Street  
Indiana Government Center – South Complex, Room E-012  
Indianapolis, Indiana 46204

You may also send an electronic copy of the application packet via e-mail to [ccraig@ofbci.IN.gov](mailto:ccraig@ofbci.IN.gov). The OFBCI **will not** accept faxed copies.

### B. Notice of Intent to Apply.

Applicants are encouraged to send an e-mail by **Tuesday, February 15, 2011** to [ccraig@ofbci.IN.gov](mailto:ccraig@ofbci.IN.gov) stating intent to apply. Please note “IHMF Grant – Intent to Apply” in the subject line.

Although submission of the Notice of Intent is not mandatory, submitting it will help the OFBCI plan more efficiently for external and internal review. Include the name of the applicant organization, address, contact person, email address, and telephone number in the Notice of Intent.

**C. Late Applications.**

The OFBCI **will not** consider an application after the deadline. Due to the short time frame, the application must be **received** on the date and by the time noted on page one.